

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003079 (0)

1. Corporation Name

INFU-TECH OF TENNESSEE, INC.



Principal Place of Business

Mailing Address

910 SYLVAN AVE
ENGLEWOOD CLIFFS NJ 07632

910 SYLVAN AVE
ENGLEWOOD CLIFFS NJ 07632

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

03/02/1995

4. FEI Number

62-1514391

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type the printed name of registered agent and town if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

P
NAME PENNESSI, MICHAEL J
STREET ADDRESS 900 SYLVAN AVENUE
CITY-STATE-ZIP ENGLEWOOD CLIFFS NJ 07632

☐ DELETE

EVP
NAME GORDON, RICHARD S
STREET ADDRESS 900 SYLVAN AVENUE
CITY-STATE-ZIP ENGLEWOOD CLIFFS NJ 07632

☐ DELETE

EVP
NAME VIRDEE, PRITPAL
STREET ADDRESS 900 SYLVAN AVENUE
CITY-STATE-ZIP ENGLEWOOD CLIFFS NJ 07632

☒ DELETE

CFOT
NAME FINKEL, GARY S
STREET ADDRESS 900 SYLVAN AVENUE
CITY-STATE-ZIP ENGLEWOOD CLIFFS NJ 07632

☐ DELETE

S
NAME INGBERMAN, ISRAEL
STREET ADDRESS 900 SYLVAN AVENUE
CITY-STATE-ZIP ENGLEWOOD CLIFFS NJ 07632

☐ DELETE

VAS
NAME ROSEN, JOSEPH
STREET ADDRESS 900 SYLVAN AVENUE
CITY-STATE-ZIP ENGLEWOOD CLIFFS NJ 07632

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 910 Sylvan Avenue
14 CITY-STATE-ZIP

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 910 Sylvan Avenue
24 CITY-STATE-ZIP

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS 910 Sylvan Avenue
34 CITY-STATE-ZIP

☒ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS VPAS
Benjamin Geizhals
910 Sylvan Avenue
44 CITY-STATE-ZIP Englewood Cliffs, NJ 07632

☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS ST
910 Sylvan Avenue
54 CITY-STATE-ZIP

☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS 910 Sylvan Avenue
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin Geizhals, VP

3/7/96

201-567-4600

Daytime Phone #

CR2E034 (12/95)